

**Oregon Alcohol and Drug Policy Commission
Prevention Committee**

Wednesday, January 22, 2025

10:30 a.m. – 12:00 p.m.

ADPC Prevention Committee’s definition of Primary/Universal Prevention: “Practice, programs, and policies designed to prevent and reduce the incidence and prevalence of alcohol and other drug use and consequent health, behavioral health, and social problems (National Academy of Medicine (NAM) - formerly Institute of Medicine).”

Supporting Meeting Materials

- Agenda
- SPF Prevention Recs Tool
- Prevention Committee Background/Foundational Documents

Time	Agenda Item	Staff Lead
10:30 – 10:40	1. Welcome, Intros, Overview of Agenda	Debby Jones
10:40 – 10:50	2. ADPC Director Updates and Foundational Materials	Annaliese Dolph, Debby Jones, Wes Rivers
10:50 – 11:40	3. Small group work session: SPF analyses of early recs, Assessment Pillar	Debby Jones and Wes Rivers
11:40 – 11:50	4. Legislative Updates	All
11:50 – 12:00	5. Formal Public Comment	Debby Jones

11.27.24 ADPC Prevention Subcommittee Recap Notes:

Members present: Debby Jones, Pam Pearce, Luis Pimentel, Frances Hupy, Lyndi Petty, Beth Stormshak, Darin Dale, Shauna Tominey, Alexis Drakatos, Aimee Zimmerman, Zeb Payne

Welcome and Introductions

Chair Debby Jones welcomed everyone and started a round of introductions. New members spent time introducing themselves and their background.

Directors Update

Annaliese Dolph gave the ADPC director's report:

- Full ADPC met earlier this month and concentrated on community engagement strategy for the comprehensive plan. The commission will focus on paid opportunities for community-based organizations that serve population disproportionately impacted by SUD. Working to also leverage relationships commissioners and committee members have with community. Commissioners will not meet in December and instead will work with staff to contribute to the community engagement plan.

- Working on a package of research for every committee so that you have all the information you need to make decisions.
- Facilitator for comprehensive plan is still in the works.
- The Governor has requested the Opioid Settlement Prevention, Treatment and Recovery Board to use its remaining funds to fund Saves Lives Oregon in full. The Settlement Board did not come to a decision, they value Save Lives Oregon but they are interested also in funding all pieces of the continuum of care.
- For communications, one of ADPC's big aims is to do more outreach and awareness and form strong relationships with the media. To do that we are revamping the website - hoping to work with you on the page dedicated to prevention.

ADPC Prevention Nomination of New Voting Member

Chair Jones and staff Wes Rivers presented the nominee for the remaining K-12 prevention seat.

- Ami Muilenburg - Deputy Superintendent of Milton-Freewater SD - Umatilla County
- Committee member Darin Dale provided a motion to approve the nomination
- Committee member Frankie Hupy provided a second.
- The prevention committee approved the nomination unanimously. The prevention committee now has all 16 seats filled for the 2024-2026 cycle.

Update on work with Representative Walters

Pam Pierce talked about her work with Representative Walters. The representative was interested in "what does primary prevention mean and how can we make it "come back to life in Oregon". They brought together a think tank of people to work on it.

- Through a legislative concept - they are looking to define it.
- There has been some work with various committees throughout the state on the definition - Chair Jones is hoping we can talk about it today - so that we can support those efforts with our own definition.

Definition of Primary Prevention for Oregon:

Primary prevention refers to universal strategies aimed at an entire population, regardless of individual risk, to prevent the onset of substance use and promote healthy development. These interventions are proactive and seek to address risk factors while fostering protective factors. Primary prevention efforts provide individuals, families, and communities with the knowledge, skills, and resources necessary to deter initial use, delay onset, and prevent progression to more serious substance use or related disorders.

Key elements of primary prevention include:

1. **Universal Reach:** Applied broadly to entire populations, such as schools, communities, or specific societal groups, without targeting based on individual risk factors.
2. **Focus on Prevention:** Intervene before the onset of risky behaviors by promoting protective factors, reducing risk factors, and supporting healthy decision-making.
3. **Development of Skills and Resilience:** Equip individuals with critical life skills, positive coping mechanisms, and strategies to resist substance use.

4. **Population Health Approach:** Emphasizes community and societal measures such as education, policy initiatives, and public awareness campaigns to create environments supportive of non-use and healthy lifestyles.

Discussion:

- Equity and culturally and linguistically responsive programs: should we add language related to equity or affirmative cultural engagement? Add an element on populations that have been disproportionately impacted by substance use. Ensure that there are supports that are culturally and linguistically responsive prevention efforts. Respect and center peoples' individual and family experiences.
- In bullet 2 "Focus on Prevention", the language around "intervene" might be confusing as it might conjure thoughts of brief intervention or secondary/tertiary prevention efforts. If we want to focus on primary prevention: change "intervene" to "engage" in focus on prevention key element.
- Evidence-based practice: Add a statement to utilizing evidence or evidence-based practice. Need to be aware that many evidence based practices are normed on dominant culture representation. So need to have flexibility in evidence informed and community informed practice as well.
- Intergenerational prevention: For focus on prevention - maybe change language to add the intergenerational aspect of the substance use (and intergenerational trauma) - too focused on the onset of risky behavior and we need to think before that. Simplify: maybe "engage early"
 - Need to be aware of the family unit and the community levels of prevention.
 - For Development of skills and resilience: Support development in general - and the brain development beyond those skills.
- Messaging and Simplicity: this group has a lot of sophistication related to prevention that folks throughout the state do not have. Should we make it more generalized or simpler? "Helping people live healthier lives and avoiding harms of substance use."
 - Are we using this to support legislation and the professional field or are we trying to have public messaging? Group thinks that it is the former.
 - Potentially having multiple definitions depending on the purpose - technical rules definition for funding vs. public awareness for example.

Public Comment:

- Commenter: Just naming that in the world of suicide prevention, we have similar conversations and the one thing that has been helpful is to name what other sectors use. For example, like education uses tier one, public health uses universal, selected, and indicated, and so to name the words that other sectors use was a thing that helped us when we were doing this too.
- Really important to make the language simple about what we are trying to represent. There is a need to develop something that's more approachable for folks who don't live in this.

Next steps:

- Wes will put up the definitions on a public server so folks can comment directly. We can work on it over the course of December.
- We will also send members a packet of information to review in lieu of meeting in December. This will set an even footing for existing needs assessments and evaluation that has occurred in the last couple of years.
- Debby and Wes may follow up with individual members.